

Par. 1. Material Transmitted and Purpose – Transmitted with this Manual Letter are changes to Service Chapter 510-07 Healthy Steps Eligibility Factors. References to Service Chapter 449 are updated to Service Chapter 448 throughout this manual/manual letter. New language is in red and underlined and removed language has been struck through. This manual letter supersedes IM 5144 "Income from Spirit Lake Nation & Sisseton-Wahpeton Oyate Lake Traverse Reservation", IM 5145 "Electronic Narratives mandated for Medicaid and Healthy Steps", IM 5146 "SFN 162 Request for Hearing", IM 5147 "Releasing Information – Child Protective Service Alerts", IM 5150 "Public Institutions and IMDs" and IM 5152 "Gift Cards and Gift Certificates".

General Statement 510-07-10-05

References to Service Chapter 449 are updated to Service Chapter 448

Following are instructions relating to applications for Healthy Steps. Additional information concerning administrative procedures, application processing, case maintenance, and appeals are contained in Service Chapter ~~449-05~~ 448-01 through ~~449-55~~ 448-01-60.

Confidentiality 510-07-10-15

References to Service Chapter 449 are **updated** to Service Chapter 448. Items removed from the 449 Chapter have been updated and added to this section. This also **supersedes** IM 5147 "Releasing Information – Child Protective Service Alerts".

All applications, information and records concerning any applicant or recipient of Healthy Steps and Medicaid shall be confidential and shall not be disclosed or used for any purpose not directly connected with the administration of the Healthy Steps and Medicaid Programs. Application, information and records may not be released to elected officials or to any other person not directly connected with the administration of the Healthy Steps and Medicaid Programs. Refer to Chapter ~~449-05~~ 448-01-25 for additional guidelines.

1. Federal law and regulations:

Federal law and regulations require that the State Plan have protections in place to ensure that the use or disclosure of information concerning applicants and recipients be limited to purposes directly connected with the

administration of the plan. Those purposes include establishing eligibility, determining the amount of medical assistance, providing services, and conducting or assisting an investigation, prosecution, or civil or criminal proceeding related to the administration of the plan. (42 U.S.C. § 1396a(a)(7); 42 C.F.R. § 431.300-306).

NOTE: Information from certain sources may not be released, even with a signed release form. For details see [448-01-25-10-05](#) "Confidential Information that Must Not be Released".

2. Sharing basic information regarding eligibility with HCBS Case Managers:
 - a. Case Managers going out for an initial assessment can be informed whether an individual is eligible for Healthy Steps.
 - b. A county or other waived service provider is a prospective provider so can find out if an individual is eligible in order to determine if they can provide Medicaid waived services, or if they need to pursue other programs such as SPED.
 - c. An assessment for services under HCBS does not allow for providing of eligibility income and asset information or disclosing eligibility for spousal impoverishment benefits. A release signed by the recipient, or a verbal release, if documented, is needed if specific information from the eligibility file must be obtained.
 - d. Specific information that may be released is a yes/no if the individual is eligible on a specific date, any client share amount and the recipient's billing address; which are specific data that can be released to any provider of Medicaid Services. This is like any other potential provider calling the Verify system.
3. Sharing asset, income, household composition, etc. information with social work staff:

Information cannot be released unless the applicant or recipient has authorized the release of information (form or verbally).
4. Sharing information with Social Workers for investigations of abuse, neglect, or protective services:

- a. Information requested by social workers does not have to do with the administration of Healthy Steps, but is with regard to an abuse investigation.
- b. The family may not be receptive, but that is not a valid reason for us to release the information. A signed release is necessary to share specific information about the child or family.

'Protective Service Alerts' from the North Dakota Department of Human Services, Children and Family Services (CFS) Division and other States are often sent to all county staff. These alerts request information regarding the family's whereabouts. These alerts do not fall under 'administration of the Medicaid or Healthy Steps programs' so specific information cannot be released. However, it is allowable to disclose the county and state in which the individual is residing and the county social service office that may be contacted for child protective service information, to the requestor as well as to their own county child protective service unit.

Any additional information, including 'How eligibility staff knows this information' or 'The family has applied or is receiving services' may not be disclosed.

5. Sharing information with Child Support and other specific assistance programs:
 - a. Can share information with Child Support as federal regulations specifically require.
 - b. Can share information between Healthy Steps and Medicaid per federal requirements to coordinate benefits between the two programs.
 - c. Can share information between Healthy Steps and SSA for Title II and Title XVI benefits as federal regulations specifically require.
 - d. Can share information between TANF, SNAP, and the Aid to the Blind Remedial program per federal regulations to coordinate benefits between the programs.
6. Sharing information with Foster Care social workers when an application is received and the child is on Healthy Steps:
 - a. The county has care, custody, and control, so are acting on behalf of the child. Also, the child is going from one Health Care coverage case to another for the purpose of establishing eligibility.

- b. Copies of identifying information such as a birth certificate may be made for the foster care file so that both files contain the proper documentation.
- c. Only pertinent information needed to determine the child's eligibility should be provided. A social worker needs the parent's income information to determine if the child is IV-E eligible. If that has been established, the social worker should NOT be requesting the information, nor should the eligibility worker be releasing it without a signed release of information.

7. Sharing Information with Law Enforcement:

Healthy Steps cannot provide information about a specific applicant or recipient to law enforcement unless it has to do with administration of Healthy Steps.

8. Release of information statement on applications:

These statements allow county and state staff to obtain information from other sources, but do not give permission to release information to others.

Application and Review 510-07-15-05

Language is added to subsection 1(d) to **clarify** that if an online application is submitted after business hours, on a weekend or holiday, the application will be considered received on the next business day.

1. Application.

- d. The date of application is the date an application, signed by an appropriate person, ~~and~~ is received at the Medical Services Division, a county agency, a disproportionate share hospital, or a federally qualified health center. The date received must be documented. Applications must be registered in the eligibility system as soon as possible upon receipt, but no later than the fifth day following receipt. Applications will be considered received on the day submitted. If an online

application is submitted after business hours, on a weekend or holiday, the application will be considered received on the next business day.

Electronic Narratives 510-07-15-32

This section is added to mandate the use of electronic narratives on all Healthy Steps cases. This **supersedes** IM #5145 "Electronic Narratives mandated for Medicaid and Healthy Steps."

All Healthy Steps cases must include electronic narratives (in Lotus Notes) to support eligibility, ineligibility, and other actions related to the case. The narrative must be detailed to permit a reviewer to determine the reasonableness and accuracy of the determination. Complete and accurate narratives include documenting the action taken; what the action was based on; sources of the information used; or if no action was taken, the reason for no action.

Narratives are also required to document contacts with the applicant, recipient, or other individuals regarding the case, regardless of whether the contact had an impact on the case.

Appeals 510-07-15-40

References to Service Chapter 449 are **updated** to Service Chapter 448. Language is added to the second paragraph to incorporate IM 5146 "SFN 162 Request for Hearing". This **supersedes** IM 5146.

Applicants or recipients of Healthy Steps who are dissatisfied with a decision made by the North Dakota Department of Human Services or the county agency, or who have not had their application acted on with reasonable promptness, may appeal to the North Dakota Department of Human Services. Refer to Service Chapter ~~449-40~~ 448-01-30 for more information with regard to Hearings and Appeals.

A request to appeal must be in writing and not later than 30 days from the date the notice of action is mailed. When an applicant or recipient requests a hearing without completing the SFN 162, Request for Hearing, (create link) the county must complete an SFN 162 based on the information available. When the county completes the SFN 162, the form is not signed by the county.

Individuals Covered 510-07-20-10

Language is changed in subsection (2)(d)(ii) to **clarify** that the six month penalty period is not imposed if creditable health insurance is terminated through no fault of any member of the Healthy Steps unit. Language and an example are also included to **clarify** the imposition of the six month penalty period.

2. A child is not eligible for Healthy Steps if:
- a. The child would be eligible for full Medicaid benefits (no client share (recipient liability)) in the month for which Healthy Steps eligibility is being determined;
 - b. The child has other current creditable health insurance coverage;
 - c. Coverage is available through the child's parents' or legal guardians' employer at no additional cost; or
 - d. The child had creditable health insurance coverage within the past six months, unless the coverage was terminated:
 - i. Due to involuntary loss of employment; or
 - ii. Through no fault of ~~the family any~~ member of the Healthy Steps unit who had secured the coverage; or
 - iii. By a household member who is actively engaged in farming in a county which was declared a federal disaster area within the last 12 months. This information is available in the Vision tables; or
 - iv. By a parent or caretaker quitting a job with health insurance coverage to take a job without health insurance coverage; or
 - v. By a parent or caretaker quitting a job with health insurance coverage to start a new job with a waiting period for health care coverage.
 - vi. By a parent because the monthly premium the family is responsible to pay for the health insurance exceeds, and is expected to exceed, 15% of the family's gross monthly income. The family's gross month income means the countable self-employment income (not including the Adjusted Gross Income Deduction), plus the gross earned and unearned incomes of all individuals in the Healthy Steps unit.

The 6 month penalty period of Health insurance is 6 months prior to the month for which eligibility is being determined.

Example: August application and eligibility is being determined for the benefit month of September. The six-month termination period is March 1 through August and is month specific. If insurance were dropped in March, there may be eligibility starting at the earliest for the benefit month of September.

Healthy Steps Unit 510-07-25-05

Language and an example are included to **clarify** the imposition of the six month penalty period.

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2. A parent or other caretaker of children under twenty-one years of age may select the children who will be included in the Healthy Steps unit. Anyone who is included in the unit for any month is subject to all Healthy Steps requirements, which may affect the unit. The financial responsibility of relatives must be considered with respect to all members of the assistance unit.

When a child is included in the Healthy Steps unit eligibility is pursued for the child unless:

- a. The child is or would be eligible under the Medicaid Program;
- b. The child is an ineligible alien;
- c. The child is ineligible due to having creditable health insurance coverage or having creditable health insurance coverage available;
- d. The family terminated their health insurance coverage within the last 6 months, without 'good cause'. For good cause reasons, see "Individuals Covered," 510-07-20-10.

The 6 month penalty look back period of Health insurance is 6 months prior to the month for which eligibility is being determined.

Example: August application and eligibility is being determined for the benefit month of September. The six-month termination period is March 1 through August and is month specific. If insurance were dropped in March, there may be eligibility starting at the earliest for the benefit month of September.

Age and Identity 510-07-25-20

Subsection 3(d) is **updated** to include the online citizenship/identity verification through TPQY.

3. Identity must be established and documented as provided in this section.
 - d. Primary and preferred verification of identity. Verification documents must be presented in their official and original form as received from the issuing agencies. Photocopies or notarized copies are not acceptable. Once an original document is presented, a photocopy must be made and maintained in the casefile.

Primary Verifications of Identity (Level One)

These Documents Verify Both Citizenship and Identity:	Explanatory Information:
US Passport or US Passport Card Issued since 2007	<ul style="list-style-type: none">• Issued by the Department of State• Does not have to be currently valid, as long as it was issued without limitation; (any passport issued with a limitation cannot be used to verify citizenship, but CAN be used to verify identity).• Through 1980, spouses and children were often included on one passport; after that each person is issued his own passport.• The passport card is for frequent travelers by land or sea between the US and Canada, Mexico, the Caribbean and Bermuda.

Certificate of Naturalization (DHS/INS Forms N-550 or N-570)	<ul style="list-style-type: none"> Department of Homeland Security or Immigration and Naturalization Service (INS) issues for naturalization.
Certificate of US Citizenship (DHS/INS Forms N-560 or N-561)	<ul style="list-style-type: none"> Department of Homeland Security or INS issues certificates of citizenship to individuals who derive citizenship through a parent.
Tribal Enrollment Card Certificate of Degree of Indian Blood Or other documents issued by a federally recognized Indian tribe that evidences membership or enrollment with such tribe	<ul style="list-style-type: none"> A Document issued by a federally recognized Indian tribe evidencing membership or enrollment or affiliation with, such tribe. See following table for acceptable verification from ND tribes.
<u>Social Security's TPQY Online Query Response (TPOR)</u>	<ul style="list-style-type: none"> <u>Acceptable codes are:</u> <ul style="list-style-type: none"> <u>"Verified with positive citizenship" or</u> <u>"Verified with positive citizenship; Deceased."</u>

Citizenship and Alienage 510-07-25-25

Subsection 5(a) is **updated** to include the online citizenship/identity verification through TPQY.

5. Acceptable documentation for US citizens and naturalized citizens.
 - a. The ~~re are four following~~ documents ~~that~~ may be accepted as proof of both citizenship and identity because ~~each contains a photograph of the individual named in the document and~~ either the US, ~~or~~ a state, ~~or Tribal~~ government has established the citizenship and identity of the individual. These ~~four~~ documents are considered to be the primary (Level 1) and preferred verification documents.

Primary Verifications

(Level 1)

These Documents Verify both Citizenship and Identity:	Explanatory Information:
US Passport or US Passport Card issued since 2007	<ul style="list-style-type: none">• Issued by the Department of State.• Does not have to be currently valid, as long as it was issued without limitation; (any passport issued with a limitation cannot be used to verify citizenship, but CAN be used to verify identity).• Through 1980, spouses and children were often included on one passport; after that each person is issued his own passport.• The passport card is for frequent travelers by land or sea between the US and Canada, Mexico, the Caribbean and Bermuda.
Certificate of Naturalization (DHS/INS Forms N-550 or N-570)	<ul style="list-style-type: none">• Department of Homeland Security or Immigration and Naturalization Service (INS) issues for naturalization.
Certificate of US Citizenship (DHS/INS Forms N-560 or N-561)	<ul style="list-style-type: none">• Department of Homeland Security or INS issues certificates of citizenship to individuals who derive citizenship through a parent.
Tribal Enrollment Card Certificate of Degree of Indian Blood; or Other documents issued by a federally recognized Indian tribe that evidences membership or enrollment with such tribe	<ul style="list-style-type: none">• A document issued by a federally recognized Indian tribe evidencing membership or enrollment or affiliation with, such tribe. See following table for acceptable verifications from ND tribes.

Social Security's TPQY Online Query Response (TPOR)

- Acceptable codes are:
 - "Verified with positive citizenship" or
 - "Verified with positive citizenship; Deceased."

State Residence 510-07-25-55

Additional introductory language is added to **clarify** that worker must check with the other state regarding Medicaid/Healthy Steps coverage prior to authorizing an application.

A child must be a resident of North Dakota to be covered under Healthy Steps. A resident of the state is an individual who is living in the state voluntarily and not for a temporary purpose. Temporary absences from the state with subsequent returns to the state, or intent to return when the purpose of the absence has been accomplished, do not interrupt continuity of residence. Residence is retained until abandoned or established in another state.

For individuals entering the state, the earliest date of residency is the date of entry. Residence may not be established for individuals who claim residence in another state.

A child may have an open Medicaid or CHIP case in the other state for a period of time after the child moves, however, most states will not cover out-of-state care. If the other state will pay for the care in North Dakota, wait to open the case until the other state stops the coverage. Likewise, when an individual leaves the state, eligibility is ended as soon as, and in accordance with, proper notice. This information must be documented in the casefile.

Application for Other Benefits 510-07-25-60

Language is added to subsection 2 to **clarify** when an individual may have good cause to not access funds from a pension or retirement plan.

2. Good cause under this section exists if:
- The recipient is a pregnant woman or a newborn who is within the 60 days of free Medicaid;
 - The recipient is eligible for Transitional or Extended Medicaid Benefits;
 - Receipt of the annuity, pension, retirement, or disability benefit would result in a loss of health insurance coverage;
 - Receipt of the benefits would require accessing a pension or other Internal Revenue Service (IRS) qualified retirement plan and the individual has not met full retirement age based on Social Security's full retirement age criterion; or
 - An employed or self-employed individual who has not met their full retirement age chooses not to apply for Social Security early retirement or widows benefits.

Good cause must be documented in the case file.

~~Inmates of~~ Public Institutions and IMDs 510-07-25-65

This section has been rewritten to clarify policy. This **supersedes** IM 5150 "Public Institutions and IMDs".

1. An "inmate" of a public institution is not eligible for Healthy Steps unless the eligible individual is a child under the age of 19 who is determined to be continuously eligible. Such child remains eligible for Healthy Steps; however, no medical services will be covered during the stay in the public institution. An "inmate" of a public institution is not eligible for Healthy Steps.

- a. A public institution is an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control, but does not include a medical institution.

Examples include (but are not limited to): School for the Blind, School for the Deaf, North Dakota Youth Correctional Center, Women's Correctional Center in New England, North Dakota State Penitentiary, Bismarck Transition Center, and city, county, or tribal jails.

The Bismarck Transition Center (BTC) is a community-based correctional program designed to help eligible, non-violent offenders transition back into the community, and is a public institution. Individuals entering this facility as "inmates" who are sent to the facility for assessment purposes are committed under the penal system and will be arrested if they leave. Because such individuals are "inmates," they are not eligible for Medicaid or Healthy Steps. (Individuals entering this facility on a voluntary basis while on probation are not "inmates.")

While some institutions are owned or controlled by governmental entities, they do not meet the definition of public institutions because they are medical institutions.

Examples include (but are not limited to): State Hospital, State Developmental Center at Grafton, Veterans Administration Hospitals, and the North Dakota Veteran's Home.

- b. An "inmate" of a public institution is a person who has been involuntarily sentenced, placed, committed, admitted, or otherwise required to live in the institution, and who has not been unconditionally released from the institution.

"Unconditionally released" means released, discharged, or otherwise allowed or required to leave the institution under circumstances where a return to the institution cannot be required by the operator of the institution.

Residence in a penal institution is terminated by parole, discharge, release on bond, or whenever the individual is allowed to return and reside in their home. A transfer from a penal facility to the state

hospital or another medical institution, for evaluation or treatment does not terminate inmate status.

Example: A release from a penal institution to a hospital for the birth of the inmate's child will not terminate inmate status if the inmate is required to return to the penal institution following discharge from the hospital.

1. For purposes of this section:

a. ~~"Individual on conditional release" means an individual who is away from the institution, for trial placement in another setting or for other approved leave, but who is not discharged. An individual on "definite leave" from the state hospital is an individual on conditional release.~~

b. ~~"Inmate of a public institution" means a person who has been sentenced, placed, committed, admitted, or otherwise required or allowed to live in the institution, and who has not subsequently been unconditionally released or discharged from the institution.~~

~~A child is not considered an inmate if:~~

i. ~~The child is attending school at the North Dakota School for the Blind in Grand Forks, or the North Dakota School for the Deaf in Devils Lake;~~

ii. ~~The child is in a public institution for a temporary period pending other arrangements appropriate to the individual's needs (i.e., Juvenile Detention Center, Fargo); or~~

c. ~~"Unconditionally released" means released, discharged, or otherwise allowed or required to leave the institution under circumstances where a return to the institution cannot be required by the operator of the institution.~~

~~Examples of public institutions include but are not limited to: State Hospital, School for the Blind, School for the Deaf, State Developmental Center at Grafton, Veterans Administration Hospitals, North Dakota Veteran's Home, North Dakota Youth Correctional Center, North Dakota State Penitentiary, and city, county, or tribal jails.~~

c. An individual who is voluntarily residing in a public institution or who has not yet been placed in the facility is not an "inmate." An individual is not considered an "inmate" (so can remain or become eligible for Medicaid or Healthy Steps) if:

- i. The individual is attending school at the North Dakota School for the Blind in Grand Forks, or the North Dakota School for the Deaf in Devils Lake;
- ii. The individual is in a public institution for a temporary period pending other arrangements appropriate to the individual's needs (i.e., Juvenile Detention Center, Fargo);
- iii. The individual has not yet been placed in a public institution. For instance, an individual who is arrested and transported directly to a medical facility is not an inmate until actually placed in the jail. The individual may remain Medicaid or Healthy Steps eligible until actually placed in jail; or
- iv. The individual enters the Bismarck Transitional Center (BTC) on a voluntary basis while on probation.

~~2. An inmate of a public institution is not eligible for Healthy Steps unless:~~

- ~~a. The eligible child is in the ICF/ID at the State Developmental Center; or~~
- ~~b. The individual is under the age of 19 and enters the State Hospital after Healthy Steps eligibility has been established. A child's eligibility cannot continue if the child remains in the State Hospital when eligibility is redetermined.~~

2. A child who is under age nineteen and is a "patient" in an IMD is not eligible for Healthy Steps unless the child enters the State Hospital after Healthy Steps eligibility has been established. The child's eligibility cannot continue if the child remains in the State Hospital when eligibility is redetermined.

- a. An IMD is a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases. A facility with 16 beds or less is not an IMD. Whether an institution is an IMD is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of mental diseases. An institution for the intellectually disabled (ICF-ID) is not an IMD.

IMDs include the North Dakota State Hospital, facilities determined to be a Psychiatric Residential Treatment Facility (PRTF) by the Medical Services Division, the Prairie at St. John's center, and the Stadter

Psychiatric Center. For any other facility, contact the Medical Services Division for a determination of whether the facility is an IMD.

- b. An individual on conditional release or convalescent leave from an IMD is not considered to be a "patient" in that institution. However, such an individual who is under age 21 and has been receiving inpatient psychiatric services is considered to be a "patient" in the institution until unconditionally released or, if earlier, the last day of the month in which the individual reaches age 22.
- c. An individual on conditional release is an individual who is away from the institution, for trial placement in another setting or for other approved leave, but who is not discharged. An individual on "definite leave" from the state hospital is an individual on conditional release.

~~3. Individuals who are committed under the penal system to a public institution are not eligible for Healthy Steps even though they may be receiving care in a medical facility. For example, a release from a penal institution to a hospital for the birth of the inmate's child will not terminate inmate status if the inmate is required to return to the penal institution following discharge from the hospital. Inmate status at a penal facility (correctional) begins at the time of confinement. Eligibility terminates the end of the month of entry.~~

~~Residence in the institution is terminated by parole, discharge, release on bond, or whenever the individual is allowed to return and reside in their home. A transfer from a penal facility to the State Hospital or another facility, for evaluation or treatment does not terminate inmate status.~~

3. The period of ineligibility under this section begins the day after the day of entry and ends the day before the day of discharge of the individual from a public institution or IMD. A Ten-Day Advance Notice is not needed when terminating benefits due to entry into the public institution or IMD. See Paragraph (4) of 510-07-15-30, "Decision and Notice," for further information.

~~The Bismarck Transition Center (BTC) is a comprehensive, community-based correctional program designed to help eligible, non-violent offenders transition back into the community.~~

- a. ~~Individuals entering this facility on a voluntary basis while on probation are not inmates.~~

- ~~b. Individuals entering this facility as inmates who are sent to the facility for assessment purposes are committed under the penal system and will be arrested if they leave. Such individuals are inmates and not eligible for Healthy Steps.~~

Income Consideration 510-07-40-05

Subsection 5 is added to clarify the treatment of benefit debit cards and gift cards, debit cards, pre-paid credit cards or 'in-store' credits. This supersedes IM 5152.

5. Many benefit programs deposit an individual's monthly benefit onto a debit card. Examples of these benefit programs are TANF benefits, Unemployment Insurance Benefits (UIB), Child Support benefits, Workforce Safety and Insurance (WSI), Social Security Administration Benefits (SSA), and Supplemental Security benefits. Individuals may also receive as gifts or bonuses such things as gift cards, debit cards, prepaid credit cards or 'in-store credits'. Examples include bonus or commission payments, compensation for work performed, or Tribal Gaming Per Capita Distributions from gaming revenues etc. Any balance remaining on these debit cards are considered a liquid asset beginning the month following the month it was deposited on the card and counted as income. **These could be earned or unearned income by applying appropriate policy.**

Payments that are normally disregarded as income, such as SNAP or TANF benefits, disregarded Tribal payments (other than per capita payments from gaming revenues), and occasional small gifts, continue to be disregarded as income regardless of the form of payment (510-05-85-25 Post Eligibility Treatment of Income, 510-05-85-30 Disregarded Income – Medicaid, 510-07-40-30 Disregarded Income – Healthy Steps). All other such payments are counted as income.

Unearned Income 510-07-40-20

New subsections 3(o) and 3(p) are added to clarify the treatment of Sisseton-Wahpeton Oyate Lake Traverse reservation food distribution casino cash payments to the elderly and the Spirit Lake Nation payments for grades. This **supersedes** IM 5144.

3. Types of unearned income include but are not limited to:
- o. Sisseton-Wahpeton Oyate Lake Traverse Reservation Food Distribution Program casino cash payments to the elderly is a recurring lump sum payment to be prorated over the period it is intended to cover.
 - p. Spirit Lake Nation payments for grades are considered non-recurring lump sums.

Disregarded Income 510-07-40-30

New subsection 47 is added to clarify that food coupons of Sisseton-Wahpeton Oyate Lake Traverse reservation food distributed to the elderly are disregarded income. This **supersedes** IM 5144.

44. All wages paid by the Census Bureau for temporary employment related to census activities will be disregarded as income; and
45. Reimbursements from an employer, training agency or other organization for past or future training, or volunteer related expenses are disregarded from income. Reimbursements must be specifically for an identified expense, other than normal living expenses, and used for the purpose intended. Reimbursements for normal household living expenses or maintenance such as rent or mortgage, clothing or food, are a gain or benefit and are not disregarded.;

Examples:

- a. Reimbursements for job or training-related expenses such as travel, per diem, uniforms, and transportation to and from the job or training site.
 - b. Reimbursements for out-of -pocket expenses of volunteers incurred in the course of their work.
46. The first \$2,000 received by an individual age 19 and over as compensation for participation in a clinical trial for rare diseases or conditions meeting the requirements of Section 1612(b)(26) of the Act. This disregard is only allowed if approved by the Medicaid Eligibility Unit and will expire on October 5, 2015.; and

47. Monthly food coupons distributed to individuals age 55 and over from the Sisseton-Wahpeton Oyate Lake Traverse Reservation Food Distribution program.
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Budgeting Procedures for Unmarried Parents with Children 510-07-50-35

Subsection 3 is added to **clarify** when to add the father of an unborn to a case.

3. When the only child in common is an unborn and the prospective parents are unmarried but living together, the unborn's father should be added to the case as of the month in which he joins the household or when paternity is established, whichever is later.
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Par. 2. **Effective Date** -- This manual letter is effective for the benefit month of January 2013 **except as indicated.**
